

ELIGIBLE APPLICANT LIST

Governmental Unit Name:	FOR COMMERCE USE ONLY	Application Number:	Date Received:
Property Owner Name (Please list alphabetically):		State Share Requested:	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

GOVERNMENTAL UNIT APPLICATION

Governmental Unit:			FOR COMMERCE USE ONLY
Authorized Representative's Name and Title:			
Mailing Address:			Telephone Number:
City, State, Zip Code:			Fax Number:
E-mail Address:			Is this a new address, telephone number, or e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Category 1 Applications Submitted:	Amount Requested for Category 1 Applications Submitted:	Number of Category 2 Applications Submitted:	Amount Requested for Category 2 Applications Submitted:
Total Number of Applications Submitted:	Total Amount Requested for All Applications Submitted:	Are any of the applications submitted requesting funding for an experimental system? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A

Each owner's application packet submitted to the Department of Commerce must include a copy of the Owner's Application, Grant Worksheet, Sanitary Permit Application, and approved plot plan.

Part B

Each owner must be listed on the Eligible Applicant List.

Part C

In addition to the information listed in Part A & B, property owners requesting a grant award for an experimental system and monitoring must submit a copy of the experiment approval letter and plan approval letter with corresponding identification numbers. This information will show that the private sewage system was installed as part of an approved experiment under the management of the Department of Commerce.

To the best of my knowledge and belief, this application and all attachments are true and correct under section 145.245, Wis. Stats.

Signature of Authorized Representative:	Date Signed:
---	--------------

GRANT WORKSHEET

Owner's Name:	Governmental Unit:																																																								
PART 1. GRANT FUNDING TABLES																																																									
A. Site evaluation and soil testing. Grant amount \$250.	\$																																																								
B. Installation of a replacement or additional septic tank. <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;"><u>Minimum Gallons Required</u></th> <th style="text-align: right;"><u>Grant Amount</u></th> </tr> <tr> <td>750.....</td> <td style="text-align: right;">\$500</td> </tr> <tr> <td>975.....</td> <td style="text-align: right;">550</td> </tr> <tr> <td>1,200.....</td> <td style="text-align: right;">650</td> </tr> <tr> <td>1,425.....</td> <td style="text-align: right;">725</td> </tr> <tr> <td>1,650.....</td> <td style="text-align: right;">750</td> </tr> <tr> <td>1,875.....</td> <td style="text-align: right;">875</td> </tr> <tr> <td>2,100 or more.....</td> <td style="text-align: right;">950</td> </tr> </table>	<u>Minimum Gallons Required</u>	<u>Grant Amount</u>	750.....	\$500	975.....	550	1,200.....	650	1,425.....	725	1,650.....	750	1,875.....	875	2,100 or more.....	950	\$																																								
<u>Minimum Gallons Required</u>	<u>Grant Amount</u>																																																								
750.....	\$500																																																								
975.....	550																																																								
1,200.....	650																																																								
1,425.....	725																																																								
1,650.....	750																																																								
1,875.....	875																																																								
2,100 or more.....	950																																																								
C. Installation of a pump chamber and lift pump or siphon: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;"><u>Number of Bedrooms</u> <u>Amount</u></th> <th style="text-align: right;"><u>Grant</u></th> </tr> <tr> <td>1 or 2</td> <td style="text-align: right;">\$1,100</td> </tr> <tr> <td>3 or 4</td> <td style="text-align: right;">1,200</td> </tr> <tr> <td>5 or more</td> <td style="text-align: right;">1,250</td> </tr> </table>	<u>Number of Bedrooms</u> <u>Amount</u>	<u>Grant</u>	1 or 2	\$1,100	3 or 4	1,200	5 or more	1,250	\$																																																
<u>Number of Bedrooms</u> <u>Amount</u>	<u>Grant</u>																																																								
1 or 2	\$1,100																																																								
3 or 4	1,200																																																								
5 or more	1,250																																																								
D. Installation of a non-pressurized or in-ground pressure soil absorption area. 1. The following table shall be used for systems sized according to percolation tests. Grant amounts determined by number of bedrooms. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: left;"><u>Percolation Rate</u> <u>When Properly</u> <u>Filed with County</u> <u>Before 7-2-94</u> <u>Minutes Per Inch</u></th> <th style="text-align: left;"><u>Design Loading</u> <u>Rate in Gallons</u> <u>Per Square</u> <u>Foot Per Day</u></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th style="text-align: right;"><u>Each Addl</u> <u>Bedroom:</u></th> </tr> <tr> <td>0 to less than 10</td> <td>0.7 or more</td> <td>\$ 800</td> <td>\$1,100</td> <td>\$1,225</td> <td>\$1,400</td> <td>\$1,725</td> <td style="text-align: right;">\$150</td> </tr> <tr> <td>10 to less than 30</td> <td>0.60 to 0.69</td> <td>900</td> <td>1,175</td> <td>1,400</td> <td>1,800</td> <td>1,900</td> <td style="text-align: right;">250</td> </tr> <tr> <td>30 to less than 45</td> <td>0.50 to 0.59</td> <td>1,050</td> <td>1,450</td> <td>1,650</td> <td>1,950</td> <td>1,975</td> <td style="text-align: right;">300</td> </tr> <tr> <td>45 to less than 60</td> <td>0.49 or less</td> <td>1,150</td> <td>1,900</td> <td>2,200</td> <td>2,250</td> <td>2,275</td> <td style="text-align: right;">300</td> </tr> </table>	<u>Percolation Rate</u> <u>When Properly</u> <u>Filed with County</u> <u>Before 7-2-94</u> <u>Minutes Per Inch</u>	<u>Design Loading</u> <u>Rate in Gallons</u> <u>Per Square</u> <u>Foot Per Day</u>	1	2	3	4	5	<u>Each Addl</u> <u>Bedroom:</u>	0 to less than 10	0.7 or more	\$ 800	\$1,100	\$1,225	\$1,400	\$1,725	\$150	10 to less than 30	0.60 to 0.69	900	1,175	1,400	1,800	1,900	250	30 to less than 45	0.50 to 0.59	1,050	1,450	1,650	1,950	1,975	300	45 to less than 60	0.49 or less	1,150	1,900	2,200	2,250	2,275	300																	
<u>Percolation Rate</u> <u>When Properly</u> <u>Filed with County</u> <u>Before 7-2-94</u> <u>Minutes Per Inch</u>	<u>Design Loading</u> <u>Rate in Gallons</u> <u>Per Square</u> <u>Foot Per Day</u>	1	2	3	4	5	<u>Each Addl</u> <u>Bedroom:</u>																																																		
0 to less than 10	0.7 or more	\$ 800	\$1,100	\$1,225	\$1,400	\$1,725	\$150																																																		
10 to less than 30	0.60 to 0.69	900	1,175	1,400	1,800	1,900	250																																																		
30 to less than 45	0.50 to 0.59	1,050	1,450	1,650	1,950	1,975	300																																																		
45 to less than 60	0.49 or less	1,150	1,900	2,200	2,250	2,275	300																																																		
E. Installation of an at-grade or mound soil absorption area. Grant amounts determined by number of bedrooms. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: left;"><u>Type of Design</u></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th style="text-align: right;"><u>Each Addl</u> <u>Bedroom:</u></th> </tr> <tr> <td>At-Grade</td> <td>\$900</td> <td>\$1,300</td> <td>\$1,475</td> <td>\$1,825</td> <td>\$1,950</td> <td style="text-align: right;">\$250</td> </tr> <tr> <td>High Groundwater</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Mound</td> <td>2,250</td> <td>2,325</td> <td>2,550</td> <td>3,400</td> <td>3,775</td> <td style="text-align: right;">250</td> </tr> <tr> <td>High Bedrock Mound</td> <td>2,350</td> <td>2,950</td> <td>3,000</td> <td>3,400</td> <td>3,525</td> <td style="text-align: right;">275</td> </tr> <tr> <td>Slowly Permeable</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Mound</td> <td>2,900</td> <td>3,100</td> <td>3,250</td> <td>3,400</td> <td>3,650</td> <td style="text-align: right;">300</td> </tr> <tr> <td>Mound with less than 24" of suitable soil or greater than 12% slope.</td> <td>3,050</td> <td>3,400</td> <td>3,475</td> <td>3,550</td> <td>4,500</td> <td style="text-align: right;">375</td> </tr> </table>	<u>Type of Design</u>	1	2	3	4	5	<u>Each Addl</u> <u>Bedroom:</u>	At-Grade	\$900	\$1,300	\$1,475	\$1,825	\$1,950	\$250	High Groundwater							Mound	2,250	2,325	2,550	3,400	3,775	250	High Bedrock Mound	2,350	2,950	3,000	3,400	3,525	275	Slowly Permeable							Mound	2,900	3,100	3,250	3,400	3,650	300	Mound with less than 24" of suitable soil or greater than 12% slope.	3,050	3,400	3,475	3,550	4,500	375	\$
<u>Type of Design</u>	1	2	3	4	5	<u>Each Addl</u> <u>Bedroom:</u>																																																			
At-Grade	\$900	\$1,300	\$1,475	\$1,825	\$1,950	\$250																																																			
High Groundwater																																																									
Mound	2,250	2,325	2,550	3,400	3,775	250																																																			
High Bedrock Mound	2,350	2,950	3,000	3,400	3,525	275																																																			
Slowly Permeable																																																									
Mound	2,900	3,100	3,250	3,400	3,650	300																																																			
Mound with less than 24" of suitable soil or greater than 12% slope.	3,050	3,400	3,475	3,550	4,500	375																																																			
F. Installation of a holding tank. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: left;"><u>Number of Bedrooms:</u></th> <th>1, 2 or 3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th style="text-align: right;"><u>Each Addl</u> <u>Bedroom:</u></th> </tr> <tr> <td>Grant Amount:</td> <td>\$2,250</td> <td>2,925</td> <td>3,100</td> <td>4,000</td> <td>4,200</td> <td>4,750</td> <td style="text-align: right;">\$225</td> </tr> </table>	<u>Number of Bedrooms:</u>	1, 2 or 3	4	5	6	7	8	<u>Each Addl</u> <u>Bedroom:</u>	Grant Amount:	\$2,250	2,925	3,100	4,000	4,200	4,750	\$225	\$																																								
<u>Number of Bedrooms:</u>	1, 2 or 3	4	5	6	7	8	<u>Each Addl</u> <u>Bedroom:</u>																																																		
Grant Amount:	\$2,250	2,925	3,100	4,000	4,200	4,750	\$225																																																		
G. Installation of a Replacement Exterior Grease Interceptor by Gallon Capacity. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: left;"><u>Gallons:</u></th> <th>Up to 1,249</th> <th>1,250-1,499</th> <th>1,500-1,749</th> <th>1,750-1,999</th> <th>2,000 or more</th> </tr> <tr> <td>Grant Amount:</td> <td>\$550</td> <td>\$650</td> <td>\$750</td> <td>\$800</td> <td>\$900</td> </tr> </table>	<u>Gallons:</u>	Up to 1,249	1,250-1,499	1,500-1,749	1,750-1,999	2,000 or more	Grant Amount:	\$550	\$650	\$750	\$800	\$900	\$																																												
<u>Gallons:</u>	Up to 1,249	1,250-1,499	1,500-1,749	1,750-1,999	2,000 or more																																																				
Grant Amount:	\$550	\$650	\$750	\$800	\$900																																																				

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

SBD-9167 (R. 1/99)

PART 1. GRANT FUNDING TABLES continued	
H. Installation of an Experimental System. The Department on a case-by-case basis reviews installations of experimental systems. If you are requesting funding for an experimental system not covered by the grant funding tables, please submit a copy of the plan approval letter and experiment approval letter with corresponding identification numbers signifying that the experiment has been accepted by the Department of Commerce. List the total cost of the experimental system and monitoring that is being requested separately at the right. Copies of paid invoices must be submitted with this request.	Amount Requested For Installation: \$ Amount Requested For Monitoring: \$
I. Installations not Covered by the Grant Funding Tables. The Department on a case-by-case basis reviews installations not covered by the Grant Funding Tables. If you are requesting funding for an installation not covered by the grant funding tables or listed in Sections A-H, please explain your request here, attach a copy of the paid invoice, and request 60% of the cost of the installation at the right.	\$
TOTAL PART 1.	\$
PART 2. GRANT AMOUNT CALCULATIONS	
A. Enter the total from Part 1.	\$
B. Is the applicant a licensed plumber or contractor who installs private sewage systems? If yes, enter 2/3 of the amount from section A or \$4,667, whichever amount is less.	\$
C. Enter the smaller amount listed in sections A or B. If this application is for a small commercial establishment and the annual gross income of the business that owns the small commercial establishment is less than \$362,500, this is the total grant award. Carry this amount forward to section F. If this application is for a principal residence and the annual family income of the owner(s) is less than \$32,001, this is the total grant award. Carry this amount forward to section F. If this application is for a principal residence and the annual family income of the owner(s) is greater than \$32,000, goes to section D. If this application is for an experimental system, carry this amount forward to section F.	\$
D. Enter 30% of the amount by which the applicant's annual family income exceeds \$32,000. <div style="text-align: right;"> Annual Family Income _____ Subtract - \$32,000 Subtotal _____ X .30 = </div>	\$
E. Subtract line D from line C. This is the maximum grant amount for this applicant. Carry this amount forward to section F. (The amount in section E must be at least \$100 to be eligible for any grant award. If the amount calculated is less than \$100, enter \$0.00 in section F.)	\$
F. Total grant award requested for this applicant.	\$

REQUEST FOR PAYMENT

1. Governmental Unit Name:	2. Grant Number:	3. Request Number:	4. FEIN Number:
5. Address of the Treasurer where the check for this request should be sent:			
Treasurer's Name:	Street or PO Box Address:	City, State, Zip Code:	
6. Claim Information:	Amount:	FOR COMMERCE USE ONLY	
A. Total Amount This Claim: (Must agree with total on worksheets submitted with this claim.)			
B. Total Previous Payments:			
C. Total Cumulative to Date: (Total of lines 6A & 6B)			
CERTIFICATION: I certify that to the best of my knowledge the reimbursement represents the state share due which has not been previously requested. That all construction inspections have been performed and all work performed at each site was in accordance with state-approved plans, specifications, Administrative Code, and Wisconsin Statutes.			
Signature of Authorized Representative:		Date Signed:	
Printed Name and Title:		Telephone Number (including area code):	
FOR COMMERCE USE ONLY		Fund 100	
Total Amount Authorized for This Payment:		Agency 143	
		Org/Sub SBFO	
		Appr/Unit 3026	
Date Completed: _____		Activity SG15	
		Object 5100	
Safety and Buildings Division		Fiscal Year _____	

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**WISCONSIN FUND - PRIVATE SEWAGE SYSTEM
REPLACEMENT OR REHABILITATION PROGRAM**

FORMS REQUEST

<u>Form</u>	<u>Amount</u>
Application Guide (SBD-9320)	_____
Eligible Applicant List (SBD-9166)	_____
Governmental Unit Application (SBD-9161)	_____
Grant Worksheet (SBD-9167)	_____
Owner's Application (SBD-9163)	_____
Payment Claim Worksheet (SBD-9165)	_____
Request for Payment (SBD-9164)	_____
Request for Payment – Monitoring (SBD-10633)	_____

Please Send This Completed Request To:

Department of Commerce
Safety and Buildings Division
Wisconsin Fund - Private Sewage System Replacement or Rehabilitation Grant Program
PO Box 2538
Madison, WI 53701-2538

Requested Information Should Be Sent To:

Is this a new address? ☐ Yes ☐ No